Application for Federal Employment - SF 171 Read the instructions before you complete this application. Type or print clearly in dark ink. GENERAL INFORMATION

Form Approved OMB No. 3206-0012

GE	NERAL INFORMATION	o 797	or print	DO NOT WRITE IN THIS AREA							
1	What kind of job are you applying for? Give title and announce	ment no.	(if any)			FOR US	E OF EXA	AMINING OFF	ICE ONLY	-	
2	Social Security Number 3 Sex				Date entered i	e entered register		Form reviewed: Form approved:			
4	Birth date (Month, Day, Year) Male F Birthplace (City and S	emale tate or Co	ountry)	-	Option	Grade	Earned Rating	Veteran Preference	Augmented Rating		
6	Name (Last, First, Middle)			-				No Preference Claimed			
	Mailing address (include apartment number, if any)			-				5 Points (Tentative)			
	City State	ZIP	Code					Or More Comp. Dis.) 10 Pts. (Less Than 30%			
7	Other names ever used (e.g., maiden name, nickname, etc.)			-	Initials and Da	te		Other 10 Points			
0	Home Phone 9 Work Phone			-				Disallowed	Being Investigated	i	
10	Were you ever employed as a civilian by the Federal Governm go to Item 11. If "YES", mark each type of job you held with an Temporary Career-Conditional Career What is your highest grade, classification series and job title?	n " X ".	NO",			s under ho				10-Point Other	
	33 ,			-	Agency				Date		
	Dates at highest grade: FROM: TO										
	AILABILITY		-40					TERAN PRE ry service under he		(Cont.)	
11	When can you start work? 12 What is the lowest pay you (Month and Year) (You will not be considered pay less than you indicate.)	for jobs w	/hich	19	conditions? "general" by a received a cl	(If your disc a Discharge emency dis	charge was c e Review Boa charge, ansv	changed to "honora ard, answer "YES" wer "NO".) If " NO '	able" or YES '. If you	S NO	
13	Pay \$ per In what geographic area(s) are you willing to work?	OR Grad	e		Discharg	e Date	of discharge	you received. Type of Dis	scharge		
					(Month, Da	iy, Year)					
14	Are you willing to work:	YES	NO	20	List the dates	(Month, D	ay, Year), an	d branch for all ac	tive duty military	y service.	
	A. 40 hours per week (full-time)?				Froi	m 	То		Branch of Serv	ice	
	B. 25-32 hours per week (part-time)?										
	C. 17-24 hours per week (part-time)?			21	If all your act dates of all entitled to red	campaign	duty was af badges or e	ter October 14, 19 expeditionary med	976, list the full r dals you receive	names and d or were	
15	Are you willing to take a temporary job lasting:			22	Read the ins	structions	that came w	rith this form befo	ore completing t	this item.	
	A. 5 to 12 months (sometimes longer)?				When you ha	ve determi	ned your elig	gibility for veteran pext to your veteran	oreference from t	he	
40	C. Less than 1 month?				NO PR	EFERENCI					
	Are you willing to travel away from home for: A. 1 to 5 nights each month? B. 6 to 10 nights each month? C. 11 or more nights each month?				10-POII in the b prefere for 10- I	NT PREFEI ox below no nce you m Point Veter	RENCE If yext to the bas ust also con an Preferen	u must show proof you claim 10-point sis for your claim. mplete a Standar ice, which is avai	preference, place To receive 10-pd Form 15, Appl lable from any I	ce an "X" ooint lication Federal	
MIL	ITARY SERVICE AND VETERAN PREFERE	NCE						ACHTHE COMPL S APPLICATION.	IEU 3F 13 AN	טו	
17	Have you served in the United States Military Service? If your only active duty was training in the Reserves or	YES	NO					Purple Heart recip an 30 percent.	ient.		
18	National Guard, answer "NO". If "NO", go to item 22				Spouse	, widow(er)	, or mother of	of a deceased or d	isabled veteran.		
	Did you or will you retire at or above the rank of major or lieutenant commander?				Compe	nsably disa	bled, 30 per	cent or more.			
PRE\	FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMI FIGUS EDITION USABLE UNTIL 12-31-90 GE 1	PLOYER		NSN	N 7540-00-935	5-7150	171-110		Standard Form 17 Office of Personnel I FPM		

WORK EXPERIENCE If you have no work experience, write "NONE" in A below and go to 25 on page 3.

May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first . . .

YES	NO

24 READ WORK EXPERIENCE IN THE INSTRUCTIONS BEFORE YOU BEGIN.

- Describe your current or most recent job in Block A and work backwards, describing each job you held during the past 10 years. If you were unemployed for longer than 3 months within the past 10 years, list the dates and your address(es) in an experience block.
- You may sum up in one block work that you did more than 10 years ago. But
 if that work is related to the type of job you are applying for, describe each
 related job in a separate block.
- INCLUDE VOLUNTEER WORK (non-paid work) -- If the work (or a part of the work) is like the job you are applying for, complete all parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations.
- INCLUDE MILITARY SERVICE -- You should complete all parts of the
 experience block just as you would for a non-military job, including all
 supervisory experience. Describe each major change of duties or
 responsibilities in a separate experience block.
- IF YOU NEED MORE SPACE TO DESCRIBE A JOB -- Use sheets of paper the same size as this page (be sure to include all information we ask for in A and B below). On each sheet show your name, Social Security Number, and the announcement number or job title.
- IF YOU NEED MORE EXPERIENCE BLOCKS, use the SF 171-A or a sheet of paper.
- IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS), use the SF 172 or a sheet of paper as described above.

organizations.					a sileet	oi papei a	is described ab	ove.	
Name and address of employer's organization (include ZIP Code, if known)					Dates employed (give month, day and year)			Average number of hours per week	Number of employ- ees you supervise
					From:	To:			
					Salary or earnings			Your reason for wanti	ng to leave
					Starting \$	per			
					Ending \$	per			
	Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job)			loyment <i>(civilian or mil</i> promoted in this job, t	itary) list series, grade he date of your last

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

								For Agency Use (s	skill codes, etc.)
В	Name and address of employer's	's organizatio	n (include ZIP C	Code, if known)	Dates employed (give month, day and year)			Average number of hours per week	Number of employ- ees you supervised
	1			ı	From:	To:		·	<u> </u>
				l	Salary or earnings			Your reason for leaving	ig
				İ	Starting \$	per		1	
_					Ending \$	per			
	Your immediate supervisor Name	Area Code	Telephone No.	Exact title of your job)			loyment (civilian or mili promoted in this job, th	

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For Agency Use (skill codes, etc.)

	- ◀	——— ATTAC	H ANY AD	DITIONAL	. FOF	RMS AN	ID SHEE	TS HERE					
EDI	UCATION												
25	Did you graduate from high equivalency or will graduat		26	Write the		location <i>(city ai</i> your GED high			gh school yo	u attende	ed or		
	If "YES", give month and year graduated or received GED equivalency:					Thave you ever attended YES If "YES", continue with 28.							
		, ,			27		u ever atten or graduate :		ES IO			viui 20.	
20	NAME AND LOCATION (ci	e the highest grade you	•		SITV I	f vou ovno	ot to				, go to 31.		
28	graduate within nine month	ns, give the month and		ct to receive y	our deg	gree:	IWIOI	NTH AND YEAR ATTENDED	NUMBER C HOURS CO	MPLETED	TYPE OF DEGREE (e.g.B.A., M.A	YEA	TH AND IR OF BREE
		lame		City	State	ZIP Co	de Fro	m To	Semester	Quarter	,	/	
	1)												
	2)												
	3)			-D 05 0D5DIT								50.05.05	DED.T
29		ADUATE SUBJECTS on the first line	HOURS	S COMPLETED	30						HOUR	S COMPL	.ETED
	1)					1)							
	2)					2)							
	3)					3)							
31	If you have completed any	other courses or train	ing related to				- , ,	ade, vocational,	Armed For	ces, busin	ess) give info	_	
	NAME AND LOCATION	ON (citv. state and ZIP (Code) OF SCH						SUBJEC	T(S)			
					From	То	HOURS			(-)		YES	
	School Name												
	1)		O	710.0									
	City		State	ZIP Code									
	School Name												
	2) City		Ctoto	ZID Codo									
	City		State	ZIP Code									
QDI	ECIVI SKILLS VCC	OMPLISHMENT	S VND VV	MPDS									
32	examples are: skills with co	mputers or other machin	nes; most impo	ve received. Li rtant publication	ns (do i	special qu not submit	amications, copies); puk	skiiis of accomp olic speaking an	msriments tr d writing exp	iat may ne perience; n	np you get a j nembership i	ob. Som	le
33	How many words per	34 List job-related	licenses or cer	tificates that y	ou hav	e, such as	: registered	l nurse; lawyer;	radio opera	tor; driver	's; pilot's; etc	: .	
	minute can you: TYPE? TAKE DICTATION?	-			Ē			DATE OF LATEST LICENSE OR CERTIFICATE			STATE OR OTHER		
	Agencies may test your	1)											
	skills before hiring you.	2)											
35		s that require a language o	ther than	YES	-₹		•	guage and plac	e an " X " in 6	each colun	nn that applie	es to you	
		•	CAN PRE	EPARE AND CAN SPEAK						CLES	CAN READ ARTICLES		
LANGU													
	1)		,	,			,				,		
	2)												
REI	FERENCES												
36				s you listed und	der 24 v	who know	your qualific	ations and fitnes	ss for the kin	d of job fo	r which you a	ire	
		ME OF REFERENCE	oracinal basis.				PRESE			DRESS	STATE	ZIP CO	DE
	1)												
	· ·												
	2)		Semester Quarter 1)										
	3)												

ВАС 37	Are you	a citizen of	FORMATION You must answer extended the United States? (In most cases you must be a ne you are hired.) If "NO", Give the country or country o	U.S. citizen to be hired. You will be		VES	NO					
Item 16th t under circur	45. Include the first of the Feder mstances	ude conviction 3) any viola eral Youth Confeach ever	nat you give complete and truthful answers to come resulting from a plea of nolo contendere (no continuous from a plea of nolo contendere (no contendere	contest). Omit: 1) traffic fines of \$ if finally decided in juvenile court of tion whose record was expunged ured for Federal jobs. However, if you	100.00 or less; 2) any violation of law commit or under a Youth Offender law; 4) any convicti der Federal or State law. We will consider the ou fail to tell the truth or fail to list all releva-	ted before on set asid date, facts	your le , and					
38			ars, were you fired from any job for any reason, cecause of a specific problems?			YES	NO					
39	Have you ever been convicted of, or forfeited collateral for any felony violation ? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.)											
40 41 42	Have you	ou ever been n ow under	convicted of, or forfeited collateral for any firear charges for any violation of law?	ms or explosives violation?		-						
43	violation	ns reported in				-						
44	Are you	delinquent	n convicted by a military court-martial? If no milit on any Federal debt? (Include delinquencies aris	sing from Federal taxes, loans, over	payment of benefits, and other debts to the U.S							
45	If "YES	5" in: 38 - E 39 tl 44 -	efaults on Federally guaranteed or insured loans see Explain for each job the problem(s) and your rehrough 43 - Explain each violation. Give place Explain the type, length and amount of the deidentification number associated with the debt uneed more space, use a sheet of paper, and	eason(s) for leaving. Give the eme of occurrence and name/addre linquency or default, and steps you and the address of the Federal a	iployer's name and address. ss of police or court involved. bu are taking to correct errors or repay the d	ebt. Give	any					
	Item No.	Date (Mo./Yr.)	Explanation	n	Mailing Address							
					Name of Employer, Police, Court, or Federal Agency							
					City State	ZIP Code						
					Name of Employer, Police, Court, or Federal	Agency						
					City State	ZIP Code	.					
46		receive, or h	ave you ever applied for retirement pay, pension,		eral civilian, or District of Columbia	YES	NO					
47	Do any daughte stepfath	of your relati er; brother; s ner; stepmoth	ves work for the United States Government or the ister; uncle; aunt; first cousin; nephew; niece; fath ner; stepson; stepdaughter; stepbrother; stepsiste tails below. If you need more space, use a sheet	e United States Armed Forces? Incluer-in-law; mother-in-law; son-in-law, r; half brother; and half sister	daughter-in-law; brother-in-law; sister-in-law;							
	11 123	, provide de	Name	Relationship	Department, Agency or Branch of A	rmed For	ces					
			TFICATION, AND RELEASE OF IN									
•	A false simprison If you a employe I under I conser	statement on nment (U.S. or re a male bor ment. You we restand that ar nt to the rele- tionizations, t	any part of your application may be grounds for not Code, Title 18, section 1001). In after December 31, 1959, you must be registered will be required to certify as to your status at the time yi information I give may be investigated as allower ase of information about my ability and fitness for investigators, personnel staffing specialists, and best of my knowledge and belief, all of my stater	ot hiring you, or for firing you after you with the Selective Service System of e of appointment. End by law or Presidential order. For Federal employment by employer of other authorized employees of the	ou begin work. Also, you may be purnished by a rhave a valid exemption in order to be eligible for sections, sections, law enforcement agencies and other Federal Government.	or Federal	ıls					
48	SIGNA	ATURE (Sig	n each application in dark ink)		49 DATE SIGNED (Month, day, ye	ar)						